

ALBANY POLICE DEPARTMENT

Vacation Check Form

DATE: ____/____/____

Name: _____

Address: _____ Apt. # ____ City of Albany, N.Y.

Date Leaving: ____/____/____ Date Returning: ____/____/____

Phone Number you can be contacted at: ____ - ____ - ____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone #: ____ - ____ - ____

If you answer yes to any of the below questions please give details:

1. Will your emergency contact have access to your residence?

Yes / No _____

2. Will you be having anyone taking care of pets or checking on your residence?

Yes / No _____

Any additional Information you would like to leave:

Burglary Prevention Tips

- Stop your mail and paper delivery.
- Make arrangements for your walkway and driveway to be shoveled and plowed.
- Make sure you have locked all windows and doors.
- Leave a light on or set on a timer.

*****In order to take part in this program you must live in the City of Albany*****

Please complete this form in its entirety and deliver it via US Mail, e-mail or in person to the following:

Police Officer Matthew Montesano at mmontesano@albany-ny.org

Or

Albany Police South Station
126 Arch St
Albany N.Y. 12202